PERMIT # _____

MADISON COUNTY APPLICATION FOR WASTEWATER TREATMENT SYSTEM

Incomplete applications will not be processed. All permits are valid for 12 months from date of issuance. After that time, a $50.00 fee will continue the permit for another year. The permit is void if the system is not installed within 24 months, and another must be purchased.

PART A

1. Name of property owner: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

2. If the person completing this application is not the owner, give:
Name of applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

3. Authorized road address: _____

Please submit directions to location property: _____

_____

4. Legal description of property: _____1/4 _____1/4, Section _____, Township _____, Range _____,

consisting of _____acres, located in the County of Madison, Montana.

5. Subdivision name: _____
Lot, Tract or Parcel, Block: _____
COS: _____

6. Type of structure(s) to be served:
_____ One single family dwelling
_____ Other (please describe) _____

7. Number of bedrooms in dwelling: _____

8. Estimated volume of wastewater produced (commercial only): _____

9. Name of Madison County licensed installer:_____

10. Does the property have DEQ approval?
_____ Yes and # _____
_____ No (see part C)

11. Does the property have any exemptions noted on plat?
_____ Yes – type of exemption _____
_____ No

12. A permit fee of $_____ in accordance with the Madison County Regulations for Wastewater Treatment Systems is enclosed.

13. This is:
_____ New system
_____ Upgrade or replacement

14. Type of Water Supply and Wastewater Treatment System proposed:_____

_____

Make checks to: Madison County Sanitarian
Return application to: Madison County Sanitarian, PO Box 278, Virginia City MT 59755

I hereby declare that the information above is true, complete and correct to the best of my knowledge. The wastewater treatment system will be installed according to the Madison County Regulations for Wastewater Treatment Systems and the DEQ. I acknowledge that the Madison County Health Department is not bound or obligated to guarantee this systems' operation. I further agree to give a minimum of 24 hours notice for inspection of the system before it is back filled.

Signature of Applicant _____ Dated _____

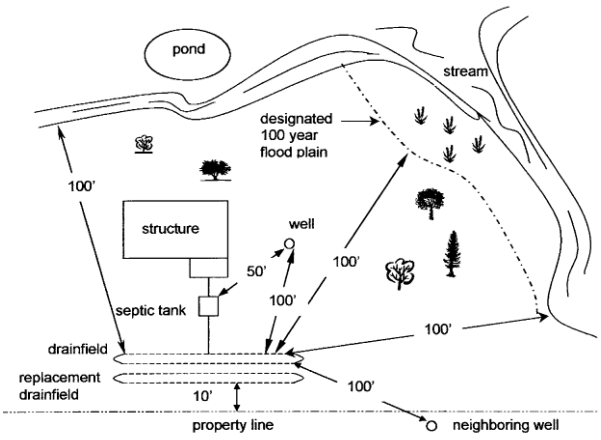
PART B

*** * * IMPORTANT * * ***

15. The application will not be accepted if any of the following site plan information is missing. **Must include:** shape and size of parcel, location of house site and all buildings, percent and direction of slope, proximity to all water supplies to include wells, open bodies of water, streams and floodplain within 100 feet of the property, areas of high ground water, and the design of the wastewater treatment system area for 100% replacement absorption system.

NORTH

Example with setback distances



PART C (Complete this section if the property does not have DEQ approval.)

16. Name of site evaluator: _____
    Qualifications: _____
17. Give a description of the soil profile to a minimum depth of 8 feet: _____
    _____
18. Give the estimated depth to the seasonal high groundwater table and how this was determined:
    _____
    _____
19. Give the results of one percolation test and show the location on the site plan. Perc test must be performed in the drainfield area: _____
20. Nitrate/Nitrite background test results from closest well: _____
    Specific conductance test results: _____
21. Please attach well log.
22. Show the direction and percent of land slope across the proposed absorption system on the site plan.
23. Is the property located in the Madison County Floodplain and/or evaluate the potential for flooding or accumulation of surface water: _____
    _____

_____ _____

Signature of Evaluator: Dated

PART D (for department use)

Type of Wastewater Treatment System required: _____

_____

Minimum Requirements:

Septic tank type and size: _____

Absorption area: _____ lineal feet per bedroom

Comments: _____

_____

_____

_____

Paid: $_____ Check #: _____ Cash: _____ Receipt # : _____

Permit #: _____ Date: _____

Construction Permit #: _____ Dated: _____

INSPECTION REPORT

Type of Wastewater Treatment System: _____

Comments: _____

_____

_____

_____

Layout:

_____ Approved
_____ Not Approved

_____ Signed

_____ Dated